

CLINTON COUNTY ROAD COMMISSION SINGLE MOVE PERMIT

\$50 Per Trip
\$100 Round Trip

Permit Number: SM
 Effective Date: _____
 Expiration Date: _____
 Receipt Number: _____

As owner, I (we) hereby request permission to transport the following oversize and/or overweight vehicle(s) on the roads under the jurisdiction of the road commission and attest that these loads do not exceed the maximum allowed as listed below:

APPLICANT _____ ADDRESS _____
 CITY/STATE/ZIP _____
 SIGNATURE _____ TITLE _____
 PHONE _____ FAX _____

It is understood this Single Move Permit is being issued for vehicles with the following axle loading or overall dimensions and that exceeding these limits will **VOID** the permit. Failure to follow the Rules and Regulations will **VOID** the permit.

Power Unit No. _____ Make/Model/Year _____
 License No. _____ VIN No. _____
 Overall Width _____ Overall Length _____ Vehicle Width _____

Axle Number	Axle Weight in Pounds Loaded Vehicle	Number of Tires and Pneumatic Tire Size	Axle Spacing in Feet and Inches			
			1 to 2 axles		6 to 7 axles	
1			ft.	in.	ft.	in.
2			2 to 3 axles		7 to 8 axles	
3			ft.	in.	ft.	in.
4			3 to 4 axles		8 to 9 axles	
5			ft.	in.	ft.	in.
6			4 to 5 axles		9 to 10 axles	
7			ft.	in.	ft.	in.
8			5 to 6 axles		10 to 11 axles	
9			ft.	in.	ft.	in.
10			Total Number of Tires		Total Number of Tires	
11						
TOTAL						

Load Description: _____

Route is as follows: _____

If the proposed move utilizes state highways or city streets, permission must be obtained from the state or local authorities.

CLINTON COUNTY ROAD COMMISSION Approved by: _____